04/09/2007 12:54 FAX SCHICKEDANZ BROS

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Secretary of State
04-12-2007 90025 022 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000083437

1. Entity Name
TINA SCHICKEDANZ CORPORATION

400576/3

Principal Place of Business	Mailing Address
7741 N. MILITARY TRAIL STE 1 WEST PALM BEACH, FL 33410	7741 N. MILITARY TRAIL STE 1 WEST PALM BEACH, FL 33410

03282007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7712 Country Line Road	7712 Country Line Road
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Odessa FL	City & State: Odessa FL
Zip: 33556 Country: USA	Zip: 33556 Country: USA

4. FEI Number: 65-1088211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHICKEDANZ, W.K.
7741 N. MILITARY TRAIL
WEST PALM BEACH, FL 33410

7. Name and Address of New Registered Agent

Name: Susi Flaig
Street Address (P.O. Box Number is Not Acceptable): 7712 Country Line Road
City: Odessa FL Zip Code: 33556

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] April 9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Tina Schickedanz April 9/07 416-223-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #